2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90103 026 ***150.00

DOCUMENT # P03000120752

1. Entity Name
KIMBERLY A. CAMPBELL, P.A.

Principal Place of Business	Mailing Address
1540 SANTA CLAR DR DUNEDIN, FL 34698 US	1540 SANTA CLAR DR DUNEDIN, FL 34698 US

03192008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3096 JODi LANE	3096 JODi LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR, FL	City & State: PALM HARBOR, FL
Zip: 34684 Country:	Zip: 34684 Country:

4. FEI Number: 20-0341518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, KIMBERLY A
1540 SANTA CLARA DR
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 3096 JODi LANE
City: PALM HARBOR FL Zip Code: 34684

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 4-7-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, KIMBERLY A 154- SANTA CLARA DR6 DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3096 JODi LANE PALM HARBOR, FL 34684	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-8-08 727.733.7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #